

SYRACUSE SAND DUNES PARK

CALENDAR YEAR 2014 MEMBERSHIP FORM

INDIVIDUAL MEMBERSHIP

\$100 PER APPLICANT

MAKE CHECK PAYABLE TO **CITY OF SYRACUSE/SAND PARK**

NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

EMAIL: _____

SIGNATURE: _____ DATE: _____

FAMILY MEMBERSHIP

\$100 PER APPLICANT PLUS \$25 FOR EACH ADDITIONAL FAMILY MEMBER*

MAKE CHECK PAYABLE TO **CITY OF SYRACUSE/SAND PARK**

NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

EMAIL: _____

NAMES OF FAMILY MEMBERS FOR THIS APPLICATION:

SIGNATURE: _____ DATE: _____

***FAMILY MEMBER IS DEFINED AS A SPOUSE AND/OR DEPENDENT CHILD/IMMEDIATE FAMILY MEMBER UNDER 23 YEARS OF AGE RESIDING AT HOME/COLLEGE.**

MAIL COMPLETED FORM AND PAYMENT TO: SYRACUSE SAND DUNES PARK – PO BOX 148 – SYRACUSE, KS 67878

FOR MORE INFORMATION/FORMS/QUESTIONS CALL 620.384.7818 OR EMAIL SARAH@PLD.COM